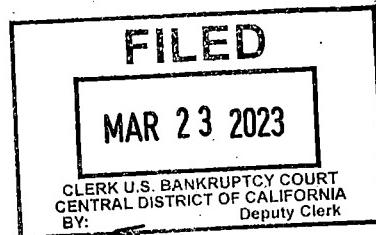


Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address

FOR COURT USE ONLY



- Debtor(s) appearing without an attorney  
 Attorney for Debtor(s)

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA - \*\*SELECT DIVISION\*\*

In re:  
Jeffrey Marc Siskind

CASE NO.: 2:23-bk-11720-VZ  
CHAPTER 13 □

**DECLARATION BY DEBTOR(S)  
AS TO WHETHER INCOME WAS RECEIVED  
FROM AN EMPLOYER WITHIN 60 DAYS OF  
THE PETITION DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

[No hearing required]

Debtor(s).

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1.  I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

I was not paid by an employer because I was either self-employed only, or not employed.

Date: 3/21/2023 Jeffrey Marc Siskind  
Printed name of Debtor 1

  
Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

**Declaration of Debtor 2 (Joint Debtor) (if applicable)**

2.  I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

- I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- I was not paid by an employer because I was either self-employed only, or not employed.

Date: \_\_\_\_\_

Printed name of Debtor 2

Signature of Debtor 2